

FAMILY IDENTIFICATION SHEET FOR A CHILD RECEIVING SERVICE										CHILD'S CASE NUMBER	
For use of this form, see AR 608-1; the proponent agency is DCSPER.											
DATA REQUIRED BY THE PRIVACY ACT OF 1974											
AUTHORITY:		Title 5, United States Code, Section 301.									
PRINCIPAL PURPOSE:		To provide essential background information to develop a service plan for each child and family involved in the foster care delivery process.									
ROUTINE USES:		(1) To identify problems the child/family is experiencing; (2) to select a foster home which can best meet the needs of the child; (3) to make long range plans for the child.									
DISCLOSURE:		Providing information is voluntary. No adverse effect on the individual.									
NAME <i>(Child)</i>										SOCIAL SECURITY NO.	
INFORMATION ON PARENTS											
NATURAL FATHER						NATURAL MOTHER					
NAME <i>(Full name, nickname, aliases)</i>						NAME <i>(Include maiden name)</i>					
ADDRESS <i>(Include ZIP Code)</i>						ADDRESS <i>(Include ZIP Code)</i>					
DATE OF BIRTH <i>(Month, day, year)</i>						DATE OF BIRTH <i>(Month, day, year)</i>					
PLACE OF BIRTH <i>(State, Country, town or city)</i>						PLACE OF BIRTH <i>(State, Country, town, or city)</i>					
RACE AND CITIZENSHIP						RACE AND CITIZENSHIP					
PHYSICAL DESCRIPTION						PHYSICAL DESCRIPTION					
HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	SKIN		HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	SKIN	
BIRTHMARKS, SCARS						BIRTHMARKS, SCARS					
HANDICAPS						HANDICAPS					
CHRONIC ILLNESS				WEARS GLASSES		CHRONIC ILLNESS				WEARS GLASSES	
				<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO	
EDUCATION						EDUCATION					
<input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE						<input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE					
VOCATIONAL AND OTHER TRAINING						VOCATIONAL AND OTHER TRAINING					
SOCIAL SECURITY NUMBER				EMPLOYED		SOCIAL SECURITY NUMBER				EMPLOYED	
				<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO	
OCCUPATION(S)						OCCUPATION(S)					
UNION MEMBER		LOCAL UNION NUMBER AND NAME				UNION MEMBER		LOCAL UNION NUMBER AND NAME			
<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO					

INFORMATION ON PARENTS <i>(cont'd)</i>			
NATURAL FATHER		NATURAL MOTHER	
MILITARY SERVICE AND DATES		MILITARY SERVICE AND DATES	
TYPE OF DISCHARGE	SERIAL NUMBER	TYPE OF DISCHARGE	SERIAL NUMBER
CLAIM NUMBER		CLAIM NUMBER	
DENOMINATION		DENOMINATION	
CHURCH NAME AND ADDRESS <i>(Include ZIP Code)</i>		CHURCH NAME AND ADDRESS <i>(Include ZIP Code)</i>	
MARITAL STATUS OF NATURAL PARENTS			
<i>(How verified)</i>			
<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED TO EACH OTHER _____ <div style="text-align: right; margin-right: 100px;"><i>(Date)</i></div> <div style="text-align: right;"><i>(Place)</i></div>			
<i>(How verified)</i>			
<input type="checkbox"/> NEVER <input type="checkbox"/> MAINTAINED A HOME TOGETHER _____ <div style="text-align: right; margin-right: 100px;"><i>(State)</i></div> <div style="text-align: right; margin-right: 50px;"><i>(County)</i></div> <div style="text-align: right;"><i>(City)</i></div>			
NOW, <input type="checkbox"/> LIVING TOGETHER <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED _____ <div style="text-align: right; margin-right: 100px;"><i>(Date)</i></div> <div style="text-align: right;"><i>(Place)</i></div>			
<i>(How verified)</i>			
<input type="checkbox"/> PATERNITY ESTABLISHED BY COURT ORDER _____ <div style="text-align: right; margin-right: 100px;"><i>(Date)</i></div> <div style="text-align: right;"><i>(Court)</i></div>			
NAME OF LEGAL FATHER IF NOT NATURAL FATHER <i>(Above)</i> _____			
FATHER <i>(If deceased)</i>		MOTHER <i>(If deceased)</i>	
DATE AND PLACE OF DEATH		DATE AND PLACE OF DEATH	
CAUSE OF DEATH		CAUSE OF DEATH	
OTHER CHILDREN FROM UNION OF NATURAL PARENTS			
NAME	BIRTHDATE	OTHER INFORMATION	

NATURAL FATHER'S RELATIVES <i>(Parents, siblings, children, other unions)</i>			
NAME		RELATIONSHIP	ADDRESS
NATURAL MOTHER'S RELATIVES <i>(Parents, siblings, children, other unions)</i>			
NAME		RELATIONSHIP	ADDRESS
CHANGES IN WHEREABOUTS <i>(Relatives listed above)</i>			
NATURAL FATHER		NATURAL MOTHER	
DATE	NAME AND ADDRESS	DATE	NAME AND ADDRESS